

## **BES Meeting Request Questionnaire**

## This form is to be completed and e-mailed to: BESVendorComm@us.af.mil

Include any read-ahead slides and/or background information in your email

1.	Provide Company's POC information for scheduling meeting: [Full Name/Phone Number/Email Address)			
	NAME:			
	PHONE:			
	EMAIL:			
2.	What is the Company's Name/Web A	ddress?		
3.	Are you a large or small company?			
4.	Do you fit into either of the social econ	nomics categories	S? (Please specify)	
5.	Provide a list of attendees, include titl	es:		
6.	What is the date/time requested for the meeting? Alternate date/time?			
	Option 1:	Option 2:		
	DATE: TIME:	DATE:	TIME:	
	Comments:			



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7.	Does the company currently hold a contract with BES? (Please specify)
8.	If yes to #7 – what division/program(s) do you support?
9.	What is the topic of your discussion?
10	.What is your expectation of meeting with BES personnel?